

CLAIMS ONLY	Application Number 10083533	Filing Date
	Applicant(s)	

							* May be used for additional claims or amendments						
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT			•		•		•	
	Indep	Depend	Indep	Depend	Indep	Depend		Indep	Depend	Indep	Depend	Indep	Depend
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47							97						
48							98						
49							99						
50							100						
Total Indep	5						Total Indep						
Total Depend	35						Total Depend						
Total Claims	40						Total Claims						